## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be manded to the current of the curre							
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
CHICAGO, IL 60601-6731				(Depositor's name)			
	•	•		(Signature)			
	•					(Date)	
APPLICATION NO.	FILING DATE	T	FIRST NAMED INVENTOR	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/531,145	05/19/2005		Ke Liu		234872	7496	
TITLE OF INVENTION: METHODS OF PREPARING LYMPHOCYTES THAT EXPRESS INTERLEUKIN-2 AND THEIR USE IN THE TREATMENT OF CANCER							
APPLN. TYPE SI	MALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	04/30/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
CHEN, SHIN LIN 1633		1632	435-010000		<u> </u>		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  XXX "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  (A) Government of the United States of America, represented  (B) Rockville, Maryland  by the Secretary, Department of Health and Human Services							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🛍 Government							
Issue Fee  XXX Publication Fee (No small entity discount permitted)			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  XX The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-1216 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) with not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.							
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Authorized Signature  Typed or printed name  Page 1008  Registration No. 33,587							
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